

Adult Medicaid Dental Benefit Fact Sheet

Background

Historically, Medicaid has not covered dental services for adults. Lack of preventive dental coverage can contribute to a range of serious health complications and drives Medicaid costs for both emergency and medical services.

In 2013, the state legislature passed <u>Senate Bill 242</u> which authorized the Department to create a new limited dental benefit in Medicaid for adults age 21 and over. The new dental benefit provides Medicaid members up to \$1,000 in dental services per state fiscal year which runs from July 1 - June 30.

What the new adult dental benefit covers

The adult dental benefit is available to adult Medicaid clients (21 and over) and covers:

- Basic preventive dental exams
- Diagnostic and restorative dental services (such as x-rays and fillings)
- Extractions (tooth pulling)
- Root canals
- Crowns
- Partial dentures*
- Complete dentures*
- Periodontal scaling
- Root planing
- Other procedures requiring prior authorization will also be available.

Colorado Medicaid Partners with DentaQuest

Colorado Medicaid has partnered with DentaQuest to help our members find a dentist and help us manage our members' dental benefits. All Colorado Medicaid members will receive a welcome packet from DentaQuest with information about dental benefit coverage, how to use dental benefits and where to get information. See DentaQuest's member handbook for more information.

DentaQuest will operate a customer service center to specifically answer Medicaid members' dental questions. DentaQuest's Member Services is available Monday through Friday between 7:30 a.m. and 5:00 p.m. Mountain Time at: 1- 855-225-1729, TTY: 711, or at their website:www.DentaQuest.com.

Help finding a dentist

Part of DentaQuest's role is to help Colorado Medicaid increase the number of dentists who accept Medicaid and to help Medicaid members find a dentist. Contact DentaQuest customer service at the number above, or visit their website (www.DentaQuest.com) to find a dentist near you.

^{*} Partial and complete dentures are not subject to the \$1,000 cap per state fiscal year.